



2007

Behavioral Risk Factor Surveillance System

North Dakota

December 2006

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health

Promotion

Division of Adult and Community Health

2007 North Dakota BRFSS

| | |
|---|----|
| Introduction and Random Adult Selection Module..... | 1 |
| Core Section 01: Healthy Status..... | 5 |
| Core Section 02: Healthy Days—Health-Related Quality of Life..... | 5 |
| Core Section 03: Health Care Access..... | 6 |
| Core Section 04: Exercise..... | 7 |
| Core Section 05: Diabetes..... | 8 |
| Module 03: Diabetes..... | 8 |
| Core Section 06: Hypertension Awareness..... | 11 |
| Core Section 07: Cholesterol Awareness..... | 11 |
| Core Section 08: Cardiovascular Disease Prevalence..... | 12 |
| Core Section 09: Asthma..... | 13 |
| Core Section 10: Immunization..... | 14 |
| Core Section 11: Tobacco Use..... | 15 |
| Core Section 12: Demographics..... | 16 |
| Core Section 13: Alcohol Consumption..... | 21 |
| Core Section 14: Disability..... | 23 |
| Core Section 15: Arthritis Burden..... | 23 |
| Core Section 16: Fruit and Vegetables..... | 25 |
| Core Section 17: Physical Activity..... | 27 |
| Core Section 18: HIV/AIDS..... | 30 |
| Core Section 19: Emotional Support and Life Satisfaction..... | 31 |
| Core Section 20: Gastrointestinal Disease..... | 32 |
| Module 01: Random Child Selection..... | 33 |
| Module 06: Cardiovascular Health..... | 35 |
| Module 08: Heart Attack and Stroke..... | 36 |
| State Added Section 01: Occupation..... | 40 |
| State Added Section 02: Child Asthma..... | 41 |
| State Added Section 03: Smokeless Tobacco..... | 44 |
| State Added Section 04: Health Care Coverage..... | 47 |
| State Added Section 05: Osteoporosis..... | 47 |
| State Added Section 06: Indian Health..... | 48 |
| State Added Section 07: Mental Health and Stigma..... | 50 |
| State Added Section 08: Sexual Violence..... | 53 |
| State Added Section 09: Sexual Orientation..... | 57 |

Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the **North Dakota State** Department of Health. My name is **[INTERVIEWER NAME]**.

We are gathering information about the health of **North Dakota State** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **[XXX-XXX-XXXX]**?

- | | |
|--|-----------------------|
| 1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) | SKP → PRIVRES |
| 2. NUMBER IS NOT THE SAME | SKP → WRONGNUM |

WRONGNUM - IF INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES - IF INTROQST = 1

Is this a private residence?

- | | |
|------------------------|---------------------|
| 1. YES, CONTINUE | SKP → ISCELL |
| 2. NO, NON-RESIDENTIAL | SKP → NONRES |

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences.

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

- | | |
|--|----------------------|
| 1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. | SKP → ADULTS |
| 2. YES, A CELLULAR TELEPHONE | SKP → CELLYES |

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_ _ ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

MEN

How many of these adults are men?

_ _ ENTER NUMBER MEN

WOMEN

How many of these adults are women?

_ _ ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

| | | |
|------------------|---|-------|
| Number of Men | - | |
| Number of Women | - | + |
| | | ----- |
| Number of Adults | - | |

1. CORRECT THE NUMBER OF MEN SKP → MEN
2. CORRECT THE NUMBER OF WOMEN SKP → WOMEN
3. CORRECT THE NUMBER OF ADULTS SKP → ADULTS

SELECTED - IF ADULT > 1 & MEN + WOMEN = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP → YOURTHE1
2. NO SKP → GETNEWAD

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1
3. NO

ASKGENDR - IF ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ADULT > 1

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE SKP → INTROSCR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the **North Dakota** Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of **North Dakota** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

1. PERSON INTERESTED, CONTINUE SKP → C01Q01
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

Core Section 01: Healthy Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 02: Healthy Days—Health-Related Quality of Life

C02Q01

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_ _ NUMBER OF DAYS

- 88 NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C02Q02

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q03 - IF C02Q01 <> 88 OR C02Q02 <> 88

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_ _ NUMBER OF DAYS

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core Section 03: Health Care Access

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: IF "NO" ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1. YES, ONLY ONE
- 2. MORE THAN ONE
- 3. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q04

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1. Within past year (anytime less than 12 months ago)
2. Within past 2 years (1 year but less than 2 years ago)
3. Within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Core Section 04: Exercise

C04Q01

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 05: Diabetes

C05Q01

Have you ever been told by a doctor that you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- | | |
|---|--------------|
| 1. YES | |
| 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY | SKP → C06Q01 |
| 3. NO | SKP → C06Q01 |
| 4. NO, PRE-DIABETES OR BORDERLINE DIABETES | SKP → C06Q01 |
| 7. DON'T KNOW/NOT SURE | SKP → C06Q01 |
| 9. REFUSED | SKP → C06Q01 |

Module 03: Diabetes

M03Q01 - IF C05Q01 = 1

How old were you when you were told you have diabetes?

_ _ Code age in years [97 = 97 or higher]

98. DON'T KNOW/NOT SURE
99. REFUSED

M03Q02 - IF C05Q01 = 1

Are you now taking insulin?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M3Q03 - IF C05Q01 = 1

Are you now taking diabetes pills?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q04 - IF C05Q01 = 1

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

-- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M03Q05 - IF C05Q01 = 1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

-- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NO FEET
888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M03Q06 - IF C05Q01 = 1

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q07 - IF C05Q01 = 1

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

-- NUMBER OF TIMES [76 = 76 OR GREATER]

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

M03Q08 - IF C05Q01 = 1

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

- 88. NEVER
- 98. NEVER HEARD OF "A ONE C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M03Q09 - IF C05Q01 = 1 & M03Q05 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

- 88. NEVER
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M03Q10 - IF C05Q01 = 1

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ ONLY IF NECESSARY

- 1. Within the past month (anytime less than 1 month ago)
- 2. Within the past year (1 month but less than 12 months ago)
- 3. Within the past 2 years (1 year but less than 2 years ago)
- 4. 2 or more years ago
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

M03Q11 - IF C05Q01 = 1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M03Q12 - IF C05Q01 = 1

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 06: Hypertension Awareness

C06Q01

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT FEMALE, ASK: "Was this only when you were pregnant?"

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → C07Q01
- 3. NO SKP → C07Q01
- 4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE SKP → C07Q01
- 7. DON'T KNOW/NOT SURE SKP → C07Q01
- 9. REFUSED SKP → C07Q01

C06Q02 - IF C06Q01 = 1

Are you currently taking medicine for your high blood pressure?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 07: Cholesterol Awareness

C07Q01

Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 1. YES
- 2. NO SKP → C08Q01
- 7. DON'T KNOW/NOT SURE SKP → C08Q01
- 9. REFUSED SKP → C08Q01

C07Q02 - IF C07Q01 = 1

About how long has it been since you last had your blood cholesterol checked?

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO
7. DON'T KNOW/NOT SURE
9. REFUSED

C07Q03 - IF C07Q01 = 1

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

Ever told you had a heart attack, also called a myocardial infarction?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q02

Ever told you had angina or coronary heart disease?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C08Q03

Ever told you had a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 09: Asthma

C09Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1. YES
- 2. NO SKP → C010Q01
- 7. DON'T KNOW/NOT SURE SKP → C010Q01
- 9. REFUSED SKP → C010Q01

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 10: Immunization

C10Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q02

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q03

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q04

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

INTERVIEWER NOTE: RESPONSE IS "YES" ONLY IF RESPONDENT HAS RECEIVED THE ENTIRE SERIES OF THREE SHOTS.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q05

The next question is about behaviors related to Hepatitis B.

Please tell me if any of these statements is true for you. Do not tell me which statement or statements are true for you, just if any of them are:

- "You have hemophilia and have received clotting factor concentrate"
- "You have had sex with a man who has had sex with other men, even just one time"
- "You have taken street drugs by needle, even just one time"
- "You have traded sex for money or drugs, even just one time"
- "You have tested positive for HIV"
- "You have had sex (even just one time) with someone who would answer 'yes' to any of these statements"
- "You had more than two sex partners in the past year"

Are any of these statements true for you?

- 1. YES, AT LEAST ONE STATEMENT IS TRUE
- 2. NO, NONE OF THESE STATEMENTS IS TRUE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 11: Tobacco Use

C11Q01

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C12Q01
- 7. DON'T KNOW/NOT SURE SKP → C12Q01
- 9. REFUSED SKP → C12Q01

C11Q02 - IF C11Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL SKP → C12Q01
- 7. DON'T KNOW/NOT SURE SKP → C12Q01
- 9. REFUSED SKP → C12Q01

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 12: Demographics

C12Q01

What is your age?

-- CODE AGE IN YEARS

07. DON'T KNOW/NOT SURE
09. REFUSED

C12Q02

Are you Hispanic or Latino?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q03

Which one or more of the following would you say is your race?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q05

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q06

Are you...

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
9. REFUSED

C12Q07

How many children less than 18 years of age live in your household?

_ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)

9. REFUSED

C12Q09

Are you currently...

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired
8. Unable to work

9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99"
REFUSED

READ ONLY IF NECESSARY

01. Less than \$10,000
02. Less than \$15,000 (\$10,000 to less than \$15,000)
03. Less than \$20,000 (\$15,000 to less than \$20,000)
04. Less than \$25,000 (\$20,000 to less than \$25,000)
05. Less than \$35,000 (\$25,000 to less than \$35,000)
06. Less than \$50,000 (\$35,000 to less than \$50,000)
07. Less than \$75,000 (\$50,000 to less than \$75,000)
08. \$75,000 or more

77. DON'T KNOW/NOT SURE
99. REFUSED

C12Q11

About how much do you weigh without shoes?

— — — — ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q12

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST
COLUMN. ROUND FRACTIONS DOWN

— — — — ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR
METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q13 - IF C12Q11 <> 7777 OR 9999

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much
did you weigh before your pregnancy?"

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST
COLUMN. ROUND FRACTIONS DOWN

— — — — ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q14 - IF ((C12Q11 & C12Q13) <> (7777, 9999)) AND (C12Q13 <> C12Q11)

Was the change between your current weight and your weight a year ago
intentional?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

C12Q15

What county do you live in?

_ _ _ FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

C12Q16

What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

1. ONE

2. TWO

3. THREE

4. FOUR

5. FIVE

6. SIX OR MORE

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. MALE SKP → C13Q01
2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 13: Alcohol Consumption

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. YES
2. NO SKP → C14Q01
7. DON'T KNOW/NOT SURE SKP → C14Q01
9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

_ _ _ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)

888. NO DRINKS IN LAST 30 DAYS

SKP → C14Q01

777. DON'T KNOW/NOT SURE

999. REFUSED

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...

[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

_ _ NUMBER OF TIMES

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

Core Section 14: Disability

C14Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C14Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 15: Arthritis Burden

C15Q01

The next questions refer to the joints in your body. Please do not include the back or neck.

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

- 1. YES
 - 2. NO
 - 7. DON'T KNOW/NOT SURE
 - 9. REFUSED
- SKP → C15Q04
- SKP → C15Q04
- SKP → C15Q04

C15Q02 - IF C15Q01 = 1

Did your joint symptoms first begin more than 3 months ago?

- 1. YES
- 2. NO SKP → C15Q04
- 7. DON'T KNOW/NOT SURE SKP → C15Q04
- 9. REFUSED SKP → C15Q04

C15Q03 - IF C15Q01 = 1 AND C15Q02 = 1

Have you ever seen a doctor or other health professional for these joint symptoms?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C15Q04

Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

- * RHEUMATISM, POLYMYALGIA RHEUMATICA
- * OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- * TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- * CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- * JOINT INFECTION, REITER'S SYNDROME
- * ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- * ROTATOR CUFF SYNDROME
- * CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- * VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

CATI NOTE: IF EITHER C15Q02 = 1 OR C15Q04 = 1 CONTINUE; OTHERWISE GO TO C16Q01

C15Q05 - IF C15Q02 = 1 OR C15Q04 = 1

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: IF A RESPONDENT QUESTION ARISES ABOUT MEDICATION, THEN THE INTERVIEWER SHOULD REPLY: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 16: Fruit and Vegetables

C16Q01

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

How often do you drink fruit juices such as orange, grapefruit, or tomato?

-- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q02

Not counting juice, how often do you eat fruit?

-- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q03

How often do you eat green salad?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q04

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q05

How often do you eat carrots?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

INTERVIEWER NOTE: "For example a serving of vegetables at both lunch and dinner would be two servings."

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER

777. DON'T KNOW/NOT SURE

999. REFUSED

Core Section 17: Physical Activity

CATI note: If Core C12Q09 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to C17Q02.

C17Q01 - IF C12Q09 = 1 OR 2

When you are at work, which of the following best describes what you do? Would you say-

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

1. Mostly Sitting or Standing
2. Mostly walking
3. Mostly heavy lifting or physically demanding work

7. DON'T KNOW/NOT SURE

9. REFUSED

C17Q02

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1. YES
- 2. NO

SKP → C17Q05

7. DON'T KNOW/NOT SURE

SKP → C17Q05

9. REFUSED

SKP → C17Q05

C17Q03 - IF C17Q02 = 1

How many days per week do you do these moderate activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK

88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME

SKP → C17Q05

77. DON'T KNOW/NOT SURE

SKP → C17Q05

99. REFUSED

SKP → C17Q05

C17Q04 - IF C17Q02 = 1 AND C17Q03 < 88

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_ : _ _ HOURS AND MINUTES PER DAY

EXAMPLE: 30 MINUTES IS CODED AS 30

60 MINUTES IS CODED AS 100

2 HOURS AND 30 MINUTES IS CODED AS 230

777. DON'T KNOW/NOT SURE

999. REFUSED

C17Q05

Now, thinking about the vigorous activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. YES

2. NO

SKP → C18Q01

7. DON'T KNOW/NOT SURE

SKP → C18Q01

9. REFUSED

SKP → C18Q01

C17Q06 - IF C17Q05 = 1

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK

88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME

SKP → C18Q01

77. DON'T KNOW/NOT SURE

SKP → C18Q01

99. REFUSED

SKP → C18Q01

C17Q07 - IF C17Q05 =1 AND C1706 < 88

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_ : _ _ HOURS AND MINUTES PER DAY

EXAMPLE: 30 MINUTES IS CODED AS 30

60 MINUTES IS CODED AS 100

2 HOURS AND 30 MINUTES IS CODED AS 230

777. DON'T KNOW/NOT SURE

999. REFUSED

Core Section 18: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C18Q01 - IF C12Q01 < 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1. YES

2. NO

SKP → C19Q01

7. DON'T KNOW/NOT SURE

SKP → C19Q01

9. REFUSED

SKP → C19Q01

C18Q02 - IF C18Q01 = 1 AND C12Q01 < 65

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

_ _ _ _ _ ENTER MONTH AND YEAR

EXAMPLE: JUNE OF 2006 = 062006

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C18Q03 - IF C18Q01 = 1 AND C12Q01 < 65

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- 01. PRIVATE DOCTOR OR HMO OFFICE
- 02. COUNSELING AND TESTING SITE
- 03. HOSPITAL
- 04. CLINIC
- 05. JAIL OR PRISON (OR OTHER CORRECTIONAL FACILITY)
- 06. DRUG TREATMENT FACILITY
- 07. AT HOME
- 08. SOMEWHERE ELSE

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI NOTE: IF C18Q02 = WITHIN LAST 12 MONTHS CONTINUE. OTHERWISE GO TO NEXT SECTION

C18Q04 - IF C18Q02 = WITHIN LAST 12 MONTHS

Was it a rapid test where you could get your results within a couple of hours?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 19: Emotional Support and Life Satisfaction

C19Q01

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED SAY: "please include support from any source".

- 1. Always
- 2. Usually
- 3. Sometimes
- 4. Rarely
- 5. Never

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C19Q02

In general, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 20: Gastrointestinal Disease

C20Q01

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness

In the past 30 days, did you have diarrhea that began within the 30 day period? Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.

1. YES
2. NO

SKP → M01Q01

7. DON'T KNOW/NOT SURE
9. REFUSED

SKP → M01Q01

SKP → M01Q01

C20Q02 - IF C20Q01 = 1

Did you visit a doctor, nurse or other health professional for this diarrheal illness?

1. YES
2. NO

SKP → M01Q01

7. DON'T KNOW/NOT SURE
9. REFUSED

SKP → M01Q01

SKP → M01Q01

C20Q03

When you visited your health care provider, did you provide a stool sample for testing?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 01: Random Child Selection

M01Q01 - IF C12Q07 < 88

[IF C12Q07 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

_ _ _ _ _ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE
999999. REFUSED

M01Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
9. REFUSED

M01Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q04 - IF C12Q07 < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q05 - IF C12Q07 < 88 & M01Q04 HAS MORE THAN ONE RESPONSE INDICATED

Which one of these groups would you say best represents the child's race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q06 - IF C12Q07 < 88

How are you related to the child?

1. Parent (INCLUDE BIOLOGIC, STEP, OR ADOPTIVE PARENT)
2. Grandparent
3. Foster parent or guardian
4. Sibling (INCLUDE BIOLOGIC, STEP, AND ADOPTIVE SIBLING)
5. Other relative
6. Not related in any way
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 06: Cardiovascular Health

M06Q01 - C08Q01 = 1

I would like to ask you a few more questions about your cardiovascular or heart health.

After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M06Q02 - C08Q03 = 1

After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M06Q03

Do you take aspirin daily or every other day?

1. YES
 2. NO
 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP → M07Q01

M06Q04 - M06Q03 <> 1

Do you have a health problem or condition that makes taking aspirin unsafe for you?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT, ASK: "Is this a stomach condition?"

INTERVIEWER NOTE: CODE UPSET STOMACH AS STOMACH PROBLEMS.

1. YES, NOT STOMACH RELATED
2. YES, STOMACH PROBLEMS
3. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 08: Heart Attack and Stroke

M08Q01

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q02

Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q03

Do you think chest pain or discomfort are symptoms of a heart attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q04

Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q05

Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q06

Do you think shortness of breath is a symptom of a heart attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q07

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

Do you think sudden confusion or trouble speaking are symptoms of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q08

Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q09

Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q10

Do you think sudden chest pain or discomfort are symptoms of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q11

Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q12

Do you think severe headache with no known cause is a symptom of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q13

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

- 1. Take them to the hospital
- 2. Tell them to call their doctor
- 3. Call 911
- 4. Call their spouse or a family member
- 5. Do something else
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 01: Occupation

ND01Q01 - IF C12Q09 = 1, 2, 5, 6, 7

Which of the following most accurately describes the type of work or business you currently work in most often? Would you say...

- 10. State government employee
- 11. Other government employee
- 12. Farmer or rancher or farm or ranch worker
- 13. Construction, manufacturing or repair worker
- 14. Education for example public school, private school or a college
- 15. Health care worker, for example doctor, nurse, nurse's aide or physical therapist
- 16. Food or drink server, for example waiter, waitress, bartender
- 17. Wholesale or retail sales
- 18. Financial services
- 19. Other

88. DOES NOT WORK

77. DON'T KNOW/NOT SURE

99. REFUSED

ND01Q02 - IF C12Q09 = 1, 2, 5, 6, 7 AND ND01Q02 <> 88

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to physical illness (excluding mental or emotional illness)?

_ _ _ NUMBER OF DAYS

777. DON'T KNOW/NOT SURE

888. NONE

999. REFUSED

ND01Q03 - IF C12Q09 = 1, 2, 5, 6, 7 AND ND01Q02 <> 88

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to mental or emotional illness?

_ _ _ NUMBER OF DAYS

777. DON'T KNOW/NOT SURE

888. NONE

999. REFUSED

State Added Section 02: Child Asthma

ND02Q01 - IF C12Q07 <> 88, 99

These next questions relate to [Xth] child.

Has a doctor or other health professional ever told you that [SELECTED CHILD] has asthma?

- 1. YES
- 2. NO

SKP →ND03Q01

7. DON'T KNOW/NOT SURE

SKP →ND03Q01

9. REFUSED

SKP →ND03Q01

ND02Q02 - IF ND02Q01 = 1

Does [SELECTED CHILD] still have asthma?

- 1. YES
- 2. NO

SKP →ND03Q01

7. DON'T KNOW/NOT SURE

SKP →ND03Q01

9. REFUSED

SKP →ND03Q01

ND02Q03 - IF ND02Q01 = 1 AND ND02Q02 = 1

During the past 12 months, did [SELECTED CHILD] take Prednisone or another steroid such as a pill, capsule, or injection to help control his or her asthma?

- 1. YES
- 2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ND02Q04 - IF ND02Q01 = 1 AND ND02Q02 = 1

Does [SELECTED CHILD] currently take the preventive kind of asthma medication used everyday to protect [his/her] lungs and keep [him/her] from having an attack? Include both pills and inhalers. This is different from inhalers used for quick relief.

- 1. YES
- 2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ND02Q05 - IF ND02Q01 = 1 AND ND02Q02 = 1

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness, and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did [**SELECTED CHILD**] have any symptoms of asthma? Would you say two days a week or less, three to six days a week, daily but not all the time, continually, or none?

1. TWO DAYS A WEEK OR LESS
2. THREE TO SIX DAYS A WEEK
3. DAILY BUT NOT ALL THE TIME
4. CONTINUALLY
7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

ND02Q06 - IF ND02Q01 = 1 AND ND02Q02 = 1

During the past 30 days, how many days did symptoms of asthma make it difficult for [**SELECTED CHILD**] to stay asleep? Would you say two nights a month or less, three or four nights a month, more than one night per week, every night or almost every night, or none?

1. TWO NIGHTS A MONTH OR LESS
2. THREE TO FOUR NIGHTS A MONTH
3. MORE THAN ONE NIGHT PER WEEK
4. EVERY NIGHT OR ALMOST EVERY NIGHT
7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

*needs to be updated in programming

ND02Q07 - IF ND02Q01 = 1 AND ND02Q02 = 1

During the past 30 days, how many days of [daycare or preschool/school/school or work] did [SELECTED CHILD] miss because of his/her asthma?

_ _ DAYS MISSED

55. CHILD DID NOT GO TO DAYCARE, PRESCHOOL, SCHOOL OR WORK DURING LAST 30 DAYS

66. HOME SCHOOLED

77. DON'T KNOW NOT SURE

88. NONE

99. REFUSED

*needs to be updated in programming

ND02Q08 - IF ND02Q01 = 1 AND ND02Q02 = 1

During the past 30 days, how many days was [SELECTED CHILD] unable to do his/her usual activities because of asthma symptoms?

_ _ NUMBER OF DAYS

77. DON'T KNOW/NOT SURE

88. NONE

99. REFUSED

ND02Q09 - IF ND02Q01 = 1 AND ND02Q02 = 1

Is there a bird, cat, dog or other pet with fur that spends some or all the time in the house?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ND02Q10 - IF ND02Q01 = 1 AND ND02Q02 = 1

Does anyone, including household members or guests, smoke inside the home?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ND02Q11- IF ND02Q01 = 1 AND ND02Q02 = 1

What type of home heating do you use?

1. BURN COAL
2. BURN WOOD
3. BURN NATURAL GAS OR BOTTLED GAS
4. BURN OIL
5. ELECTRICITY
6. OTHER
7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q12- IF ND02Q01 = 1 AND ND02Q02 = 1

During the cold months, about how often do you light a fire in the fireplace to burn wood or other solid fuel? Do not include gas fireplaces only. Would you say less than once per month, more than once per month but not every week, more than once per week but not every day, daily or never?

1. LESS THAN ONCE PER MONTH
2. MORE THAN ONCE PER MONTH BUT NOT EVERY WEEK
3. MORE THAN ONCE PER WEEK BUT NOT EVERY DAY
4. DAILY
5. NEVER OR NO FIREPLACE
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 03: Smokeless Tobacco

ND03Q01

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

SKP →ND03Q03

SKP →ND03Q03

SKP →ND03Q03

ND03Q02 - IF ND03Q01 = 1

Do you currently use chewing tobacco or snuff every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON'T KNOW/NOT SURE
9. REFUSED

ND03Q03

Have you ever smoked a cigar, even one or two puffs?

1. YES
2. NO SKP →ND03Q05

7. DON'T KNOW/NOT SURE SKP →ND03Q05
9. REFUSED SKP →ND03Q05

ND03Q04 - IF ND03Q03 = 1

Do you now smoke cigars every day, some days or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON'T KNOW/NOT SURE
9. REFUSED

ND03Q05

Have you ever smoked tobacco in a pipe, even one or two puffs?

1. YES
2. NO SKP →ND03Q07

7. DON'T KNOW/NOT SURE SKP →ND03Q07
9. REFUSED SKP →ND03Q07

ND03Q06 IF ND03Q05 = 1

Do you now smoke a pipe every day, some days or not at all?

INTERVIEWER NOTE: Bidi is pronounced "bee-dee"

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON'T KNOW/NOT SURE
9. REFUSED

ND03Q07

A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

INTERVIEWER NOTE: Bidi is pronounced "bee-dee"

1. YES
 2. NO

 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP →ND04Q01
- SKP →ND04Q01
- SKP →ND04Q01

ND03Q08 - IF ND03Q07 = 1

Do you now smoke bidis every day, some days or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 04: Health Care Coverage

ND04Q01 - IF C03Q01 <> 2

What is the name of the health plan you use to pay for most of your medical care?

READ IF NECESSARY

- 01. Medicare
- 02. Medicaid or Medical Assistance
- 03. Military, Tricare or CHAMPUS
- 04. Indian Health Services
- 05. Blue Cross/Blue Shield or Noridian
- 06. ND-PERS
- 07. Fortis Insurance
- 08. American Family Mutual
- 09. Medica Health Plans
- 10. Heart of America (HMO)
- 11. Altru Health Plan
- 12. Other
- 13. None

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

State Added Section 05: Osteoporosis

ND05Q01

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

INTERVIEWER NOTE: A FRACTURE IS ANOTHER TERM FOR BONES BECOMING BRITTLE OR BREAKING.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND05Q02

A bone density test uses a special machine to look for osteoporosis.
Have you ever had a bone density test?

INTERVIEWER NOTE: BONE DENSITY TESTS CAN INCLUDE ULTRASOUND, X-RAY, OR DEXA AND CAN BE PERFORMED ON THE HEEL, FINGER, FOREARM/WRIST, HIP OR SPINE. BONE DENSITY TESTS TAKE ABOUT 15 MINUTES TO PERFORM AND ARE NOT THE SAME AS BONE SCANS WHICH CAN TAKE HOURS TO PERFORM AND USE INJECTIONS.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND05Q03

Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

INTERVIEWER NOTE: DO NOT INCLUDE OSTEOPENIA OR LOW BONE MASS

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 06: Indian Health

ND06Q01

Do you live on a reservation or Indian Service Area?

- 1. YES, RESERVATION
- 2. YES, INDIAN SERVICE AREA
- 3. NO, NEITHER
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND06Q02

Are you currently an enrolled tribal member?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

SKP →ND06Q04

SKP →ND06Q04

SKP →ND06Q04

ND06Q03 - IF ND06Q02 = 1

Which tribe?

INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN+ARIKARA+HIDATSA.
CODE INDIVIDUAL TRIBE IF PROVIDED.

READ ONLY IF NECESSARY

- 10. MANDAN
- 11. ARIKARA
- 12. HIDATSA
- 13. THREE AFFILIATED TRIBES
- 14. SPIRIT LAKE SIOUX
- 15. STANDING ROCK SIOUX
- 16. OTHER SIOUX
- 17. CHIPPEWA
- 18. OTHER

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

ND06Q04 - IF ND06Q02 = 1

How much of your health care do you obtain from an Indian Health
Service clinic? Would you say...

INTERVIEWER NOTE: IHS STANDS FOR INDIAN HEALTH SERVICE.

- 1. All
- 2. Most
- 3. Some
- 4. Little
- 5. None

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 07: Mental Health and Stigma

ND07Q01

Now I am going to ask you some questions about how you have been feeling during the past 30 days...

About how often during the past 30 days did you feel nervous? Would you say all the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. LITTLE
5. NONE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND07Q02

During the past 30 days, about how often did you feel hopeless or worthless - all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. LITTLE
5. NONE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND07Q03

During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

READ IF NECESSARY:

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME
7. DON'T KNOW/NOT SURE
9. REFUSED

ND07Q04

Has a doctor or other healthcare provider ever told you that you have an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND07Q05

Has a doctor or other healthcare provider ever told you that you have a depressive disorder including depression, dysthymia, or minor depression.

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND07Q06

Are you now taking medicine or receiving treatment from a doctor or other health professional for a mental health condition or emotional problem?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND07Q07

These next questions ask about peoples' attitudes toward mental illness and its treatment. Please state how much you agree or disagree with these statements about people with mental illness...

Treatment can help people with mental illness lead normal lives. Do you agree strongly, agree slightly, neither agree nor disagree, disagree slightly, or disagree strongly?

1. AGREE STRONGLY
2. AGREE SLIGHTLY
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE SLIGHTLY
5. DISAGREE STRONGLY
7. DON'T KNOW/NOT SURE
9. REFUSED

ND07Q08

People are generally caring and sympathetic to people with mental illness. Do you agree strongly, agree slightly, neither agree nor disagree, disagree slightly, or disagree strongly?

1. AGREE STRONGLY
2. AGREE SLIGHTLY
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE SLIGHTLY
5. DISAGREE STRONGLY
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 08: Sexual Violence

ND08Q01

Now I'd like to ask you how you feel about certain sexual behaviors. This is a sensitive topic, and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

Please tell me whether you agree or disagree with the following statements.

Media images that portray women as sexy contribute to sexual violence. Would you say that you agree or disagree?

1. AGREE
2. DISAGREE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND08Q02

Please tell me whether you agree or disagree with the following statements.

Women who dress and act in a sexy way provoke rape by their appearance and behavior.

1. AGREE
2. DISAGREE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND08Q03

Please tell me whether you agree or disagree with the following statements.

Sexual harassment can include inappropriate or unwanted sexual advances or comments by another person, co-worker or supervisor.

1. AGREE
2. DISAGREE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND08Q04

Do you agree or disagree with the following situations?

It might be acceptable for a male to have sexual intercourse with a female against her will or without her consent...

If he spends a lot of money on her?

1. AGREE
2. DISAGREE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND08Q05

Do you agree or disagree with the following situation?

It might be acceptable for a male to have sexual intercourse with a female against her will or without her consent...

If she got him sexually excited?

1. AGREE
2. DISAGREE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND08Q06

Do you agree or disagree with the following situation?

It might be acceptable for a male to have sexual intercourse with a female against her will or without her consent...

If they had had sexual intercourse before.

1. AGREE
2. DISAGREE
7. DON'T KNOW/NOT SURE
9. REFUSED

ND08Q07

Do you agree or disagree with the following situation?

It might be acceptable for a male to have sexual intercourse with a female against her will or without her consent...

If they were married.

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND08Q08

It is never acceptable for a male to have sexual intercourse with a female against her will or without her consent.

Would you say that you agree or disagree?

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND08Q09

If a woman claims she was raped, the amount of resistance she put up should be a major factor in determining whether a rape has occurred.

Would you say that you agree or disagree?

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND08Q10

If a woman is raped when she is drunk, she is at least somewhat responsible for letting things get out of control.

Would you say that you agree or disagree?

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND08Q11 - IF C12Q20 = 1

I would have sex with someone against their will or without their consent if I knew that I would not get caught.

Would you say that you agree or disagree?

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND08Q12

Sexual violence occurs in your community.

Would you say that you agree or disagree?

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ND08Q13

It is possible to prevent sexual violence.

Would you say that you agree or disagree?

- 1. AGREE
- 2. DISAGREE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 09: Sexual Orientation

ND09Q01

Now I'll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual,

[IF C12Q20 = 1 SHOW]: gay

[IF C12Q20 = 2 SHOW]: lesbian;

...and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

1. Heterosexual or straight
2. Homosexual, gay or lesbian
3. Bisexual

7. DON'T KNOW/NOT SURE
9. REFUSED

CLOSING

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.